									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective November 10, 1998										9	3	26	084	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL		1 TY	OR	OTHER	
F	OR		NUMBER FILED NUM			NUMBER	MBER EXTRA			F	EE	7	RATE	FEE
BASIC FEE										193	0.00	OR	100 mg	760.00
TOTAL CLAIMS			/ minus 20=			•			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			/		r	X39=	1		OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT								÷130=			OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL			OR	TOTAL	760	
CLAIMS AS AMENDED - PART II												3	OTHER	
	(Column 1) (Column 2) (Column 3)							ř	SMALI			OR	SMALL	
AMENDMENT A		REM	AIMS IAINING FTER NDMENT		N PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total		7	Minus	##	<i>30</i>	=		X\$ 9=			OR	X\$18=	
	Independent FIRST PRESE	+	1 05 M	Migus	DENIDE	E MIN IS THE	-		X39=			OR	X78=	
	FIRST FRESE	MIAIR	N UF MIC	JLI IPLE DEI	PENUE	ENT CLATIV			+130=			OR	+260=	
	I = 1							AD	TOTAL			OR	TOTAL ADDIT. FEE	
3	19/05	(Ocidinity) (Ocidinity)												
AMENDMENT B		REM	AIMS AINING TER IDMENT		PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE
	Total	* /	2	Minus	"	D	= /-	3	X\$ 9=			OR	X\$18=	
AME	Independent	* NTATIC		Minus	PENDE	O AIM	=		X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	130=			OR	+260=	
								ADI	TOTAL DIT. FEE			OR	TOTAL ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)							
\$		REM/	AIMS AINING TER IDMENT		NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE-	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	,	(\$ 9=			OR	X\$18=	
	Independent	*		Minus	***		=	5	K39=		\neg	OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									╂	\dashv	Un		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												OR	+260=	_
** H	** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE													_
							highest number to	ound i	in the ap	propria	te box	in colu	ımn 1.	